Weekly Clinical Objective Form

Student name: ---------- **ID Number:**----------

By the end of this clinical week, I will be able to:

1- (knowledge) ----------

2- (Skill) ----------

3- (Physical examination) ----------

4- (Patient's education) ----------
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learning outcomes

1----------
2- ----------
3- ----------
4- ----------

Instructor's feedback----------

Student's signature: ----------
Instructor's signature: ----------
Date: ----------